
Activity Bus Rider Authorization and Release of Liability

Complete only if child intends to ride the City's Activity Bus

Dear Parent:

The City offers after school tutoring, mentoring, and other supervised activities as well as recreational programs at the Jerome Brown Community Center in Tom Varn Park, and is providing limited bus services to and from the Park for those who need transportation. If you wish to authorize your child's participation, please provide the information requested below and return the completed form to either the bus driver or the Jerome Brown Community Center.

Approval to ride the bus requires your agreement to the conditions described herein.

I certify that I am the parent or legal guardian of the child named below, and I hereby grant approval for my child to ride the City's bus to and from City designated bus stops and Tom Varn Park. I understand seats may not always be available and that the bus schedules are approximate and are subject to cancellation in the event the bus is not available. I agree to provide any required medical or other assistance or supervision my child requires to participate, and to reimburse the cost of any damage to City property caused by my child. I understand failure to adhere to the posted bus rules, Program Regulations, and/or instructions by the driver, will result in my child not being permitted to ride the bus, misbehavior on the bus will not be tolerated, and the decision as to who may ride on the bus will be made by the driver.

In consideration for the City of Brooksville providing transportation to my child, I do hereby remise, release, quit, and discharge the City of Brooksville and its officers, employees and agents, from any and all manner of action, cause or action, suit, debt, sum of money, controversy, claim, and demand whatsoever in law or in equity which I now have or may in the future have for or by reason of any manner, cause, or thing whatsoever pertaining to the City of Brooksville's provision of such transportation to my child. I further agree to defend and hold the City and its officer, employees and agents harmless from any claim for injury or damages related to when or where my child gets on or off the bus and what my child does before or after leaving the bus.

My Child's name: _____

Home address: _____

Phone number: Day: _____ Other: _____

Age: _____ Birth Date: _____ Male: _____ Female: _____

Emergency Contact: Name: _____

Phone number: Day: _____ Other _____

I have carefully read and accept the foregoing conditions, and certify the information I provided is correct and complete.

Parent/Guardian Signature

Date
